Family Survivorship for Patients with Cancer: Existing Knowledge and Future Directions

Barbara Given

Gaps in Knowledge –Future Research (1 of 6 slides)

1. What is family role in survivorship phase?
2. What is long-term impact on caregiver health of caregiving 5 to 10 years later
3. Is a successful caregiver during active therapy the successful caregiver in survivorship?
4. Is the transition period shortened if the caregiver is a partner in care with the formal care system?
5. How can caregivers influence patients transition into the survivorship phase?
6. All knowledge and skills are not equal –ability to do physical care does not translate into transition care –what skills needed?

Overview and General Issues

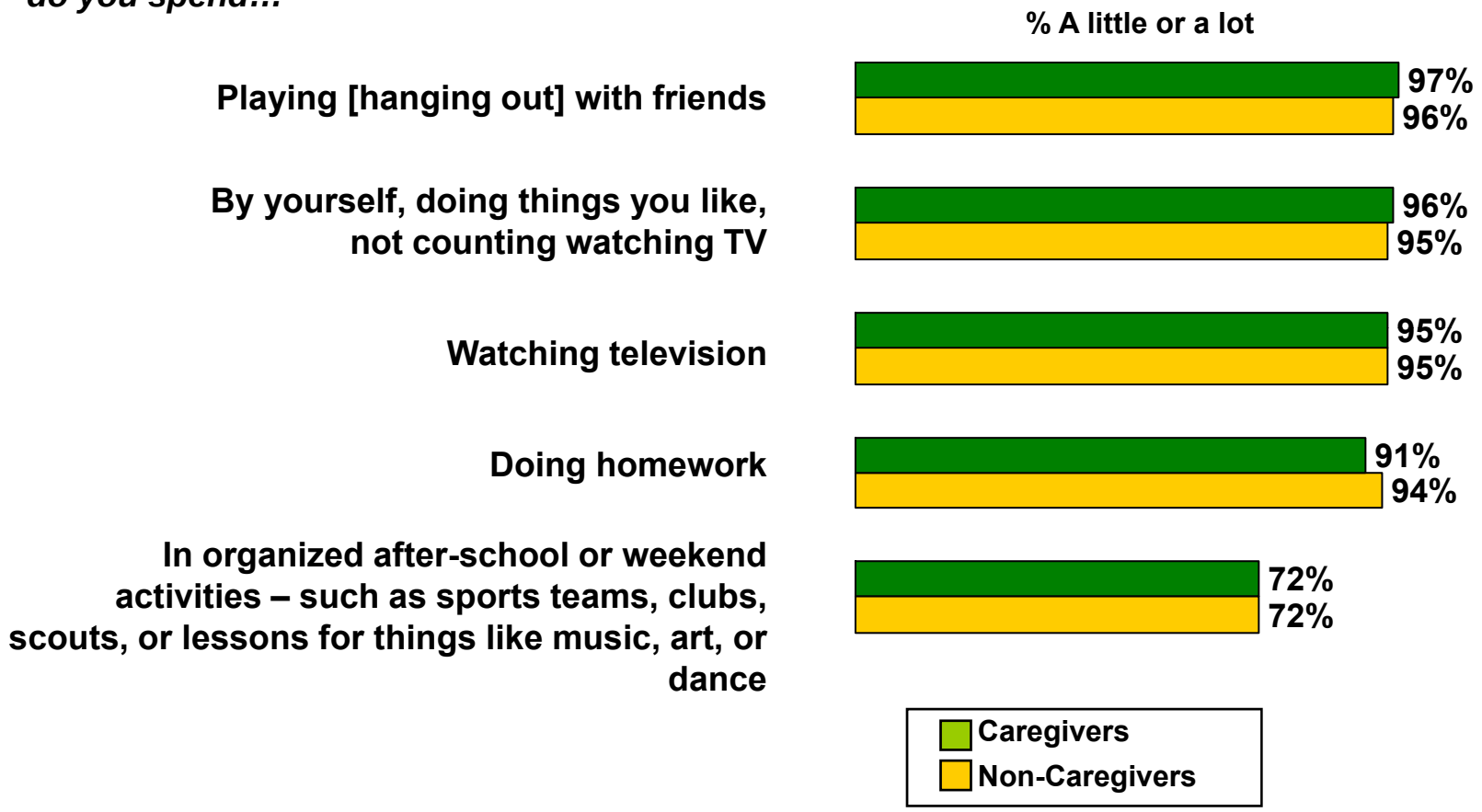
- Transition to Survivorship—how defined, operationalized?
- Transition out of survivorship into recurrence—how does survivorship experience affect coping with recurrence
- Interaction of survivorship status and age-related declines
- Attributing outcomes to “survivorship status”—methodological challenges

CHILD CAREGIVING IN THE U.S.

Gail Hunt

Time Usage – Leisure

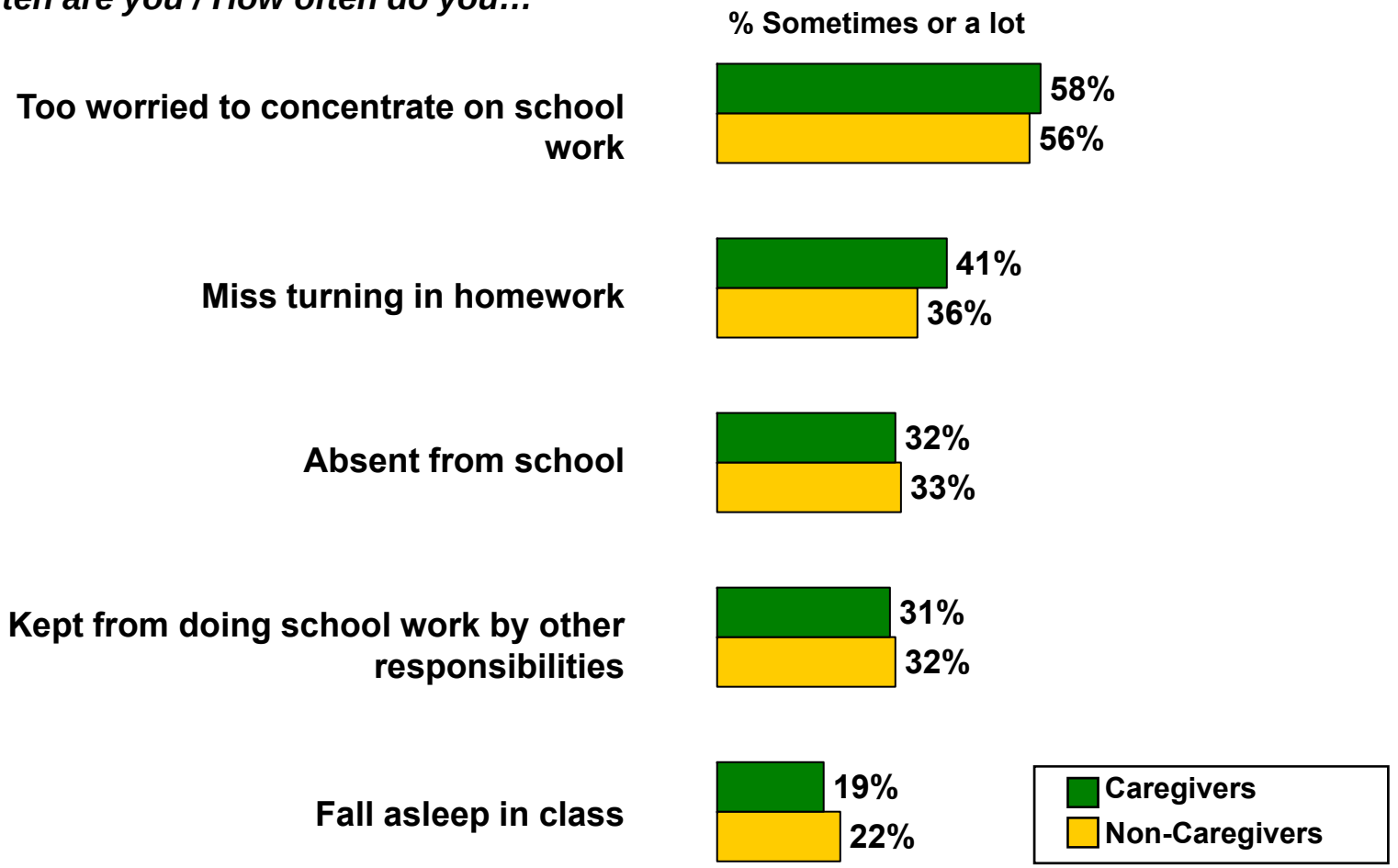
In a normal week, how much time do you spend…



Source: Child Caregivers in the U.S., 2004

School Problems

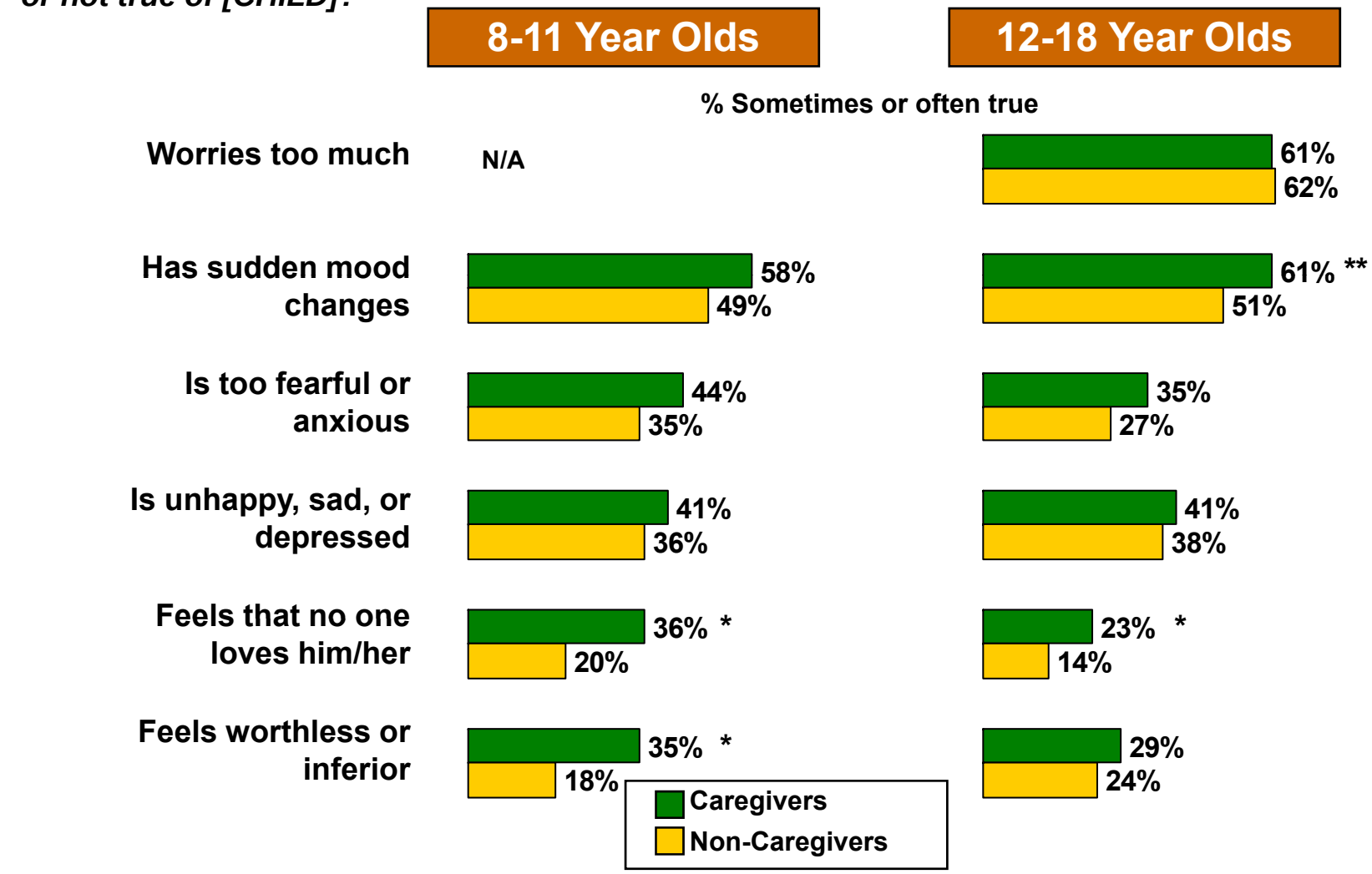
How often are you / How often do you…



Source: Child Caregivers in the U.S., 2004

Anxious or Depressed Behavior

In the past three months, has this been often true, sometimes true, or not true of [CHILD]?



* Significant difference (95% confidence)

** Marginal difference (90% confidence)

Source: Child Caregivers in the U.S., 2004

Method

- 2,000 households were surveyed in a telephone omnibus study to determine prevalence
- 80,000 households were screened by mail to identify households with child caregivers
- Households were re-screened by phone, and telephone interviews were conducted with:
  - 213 child caregivers
  - 250 children who are not caregivers

HOW DO YOU DEFINE THE COMPARISON GROUP?

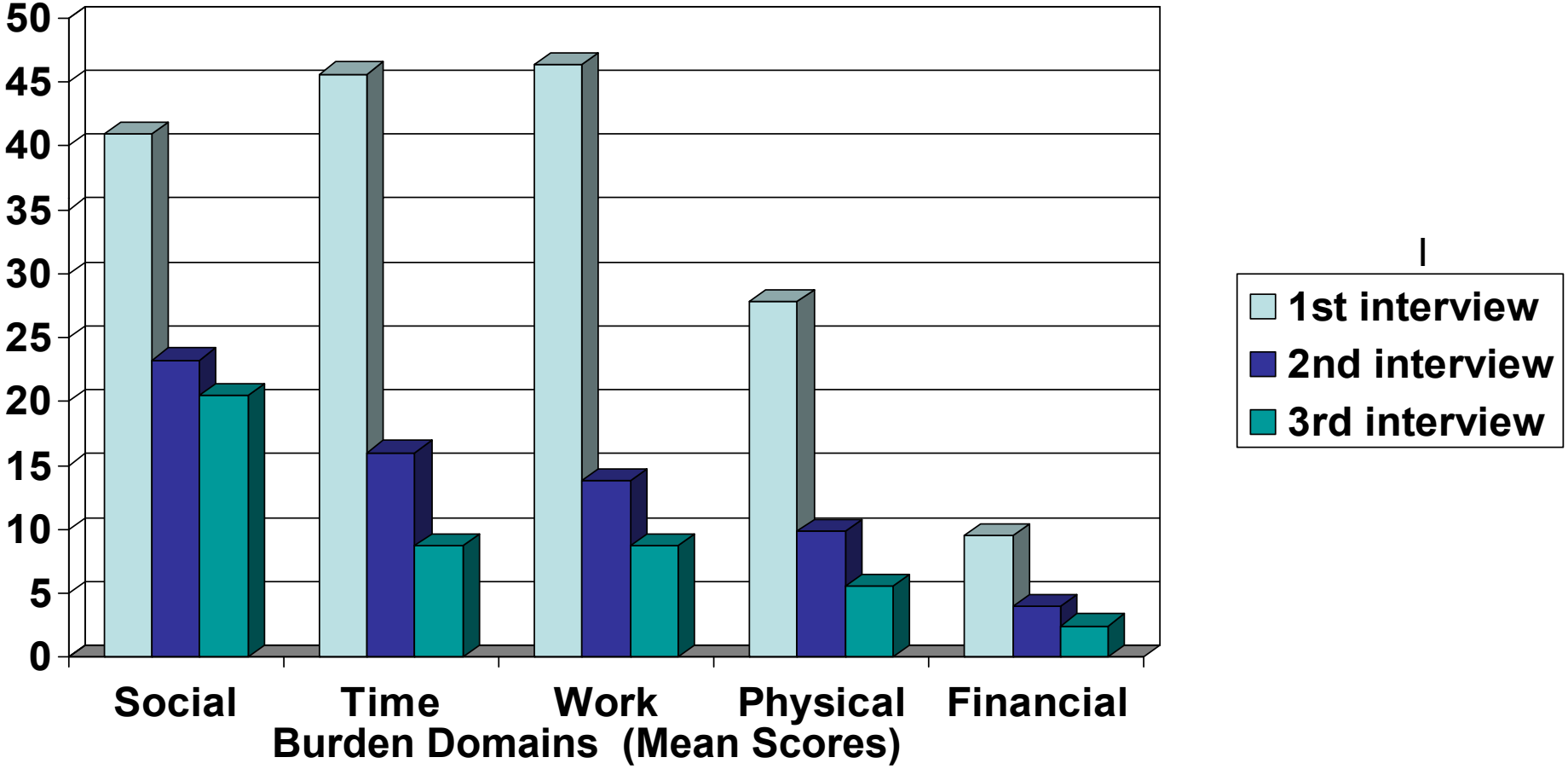
Cancer Survivorship and Adult Daughter Caregivers

Victoria H. Raveis, Ph.D.
Columbia University
Mailman School of Public Health

Cancer Survivorship Conference
October 2006 **Bethesda, Maryland**

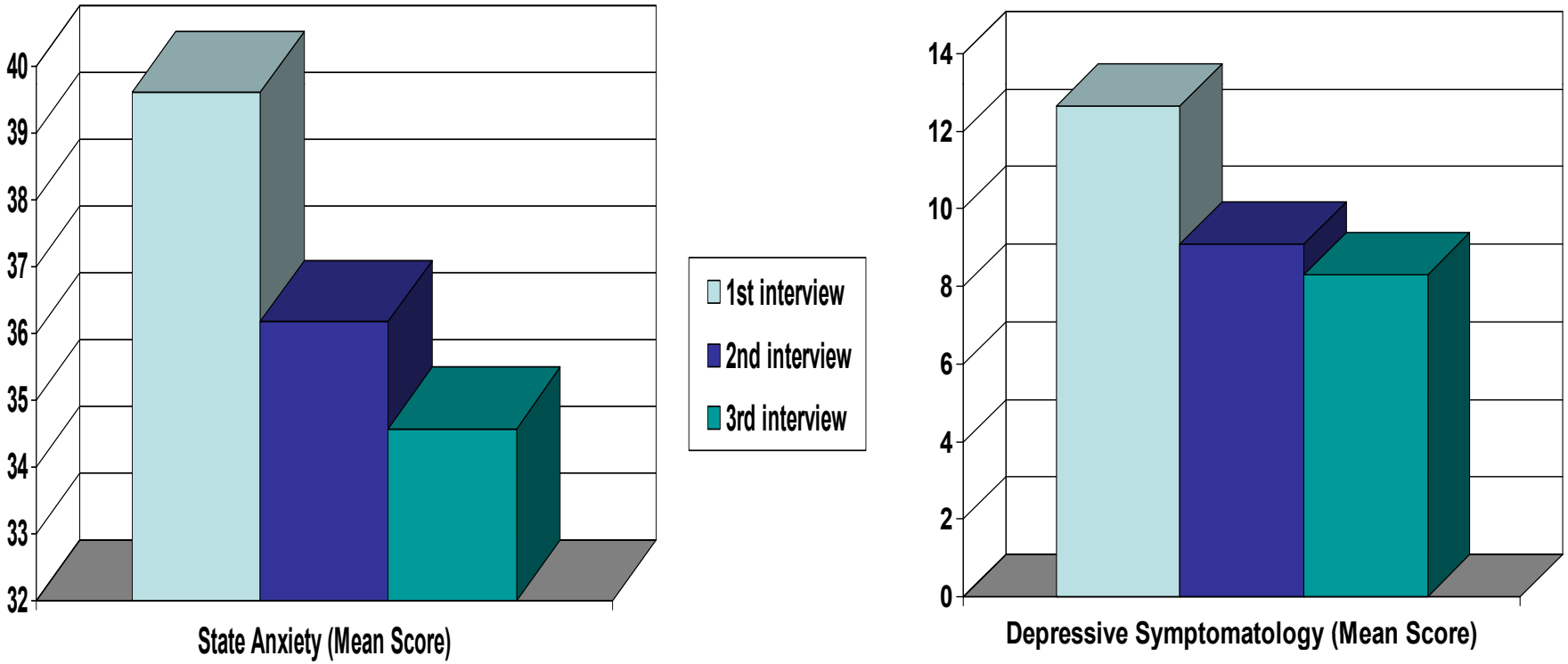
Caregiver Burden: Treatment Initiation, 6 & 12 Month Follow-up

(How should we interpret last measurement point?



Source: "Psychosocial Burden of Cancer Caregiving to Aged Parents"

Caregiver Daughters' Psychological Distress: Treatment Initiation, 6 & 12 Month Follow-up

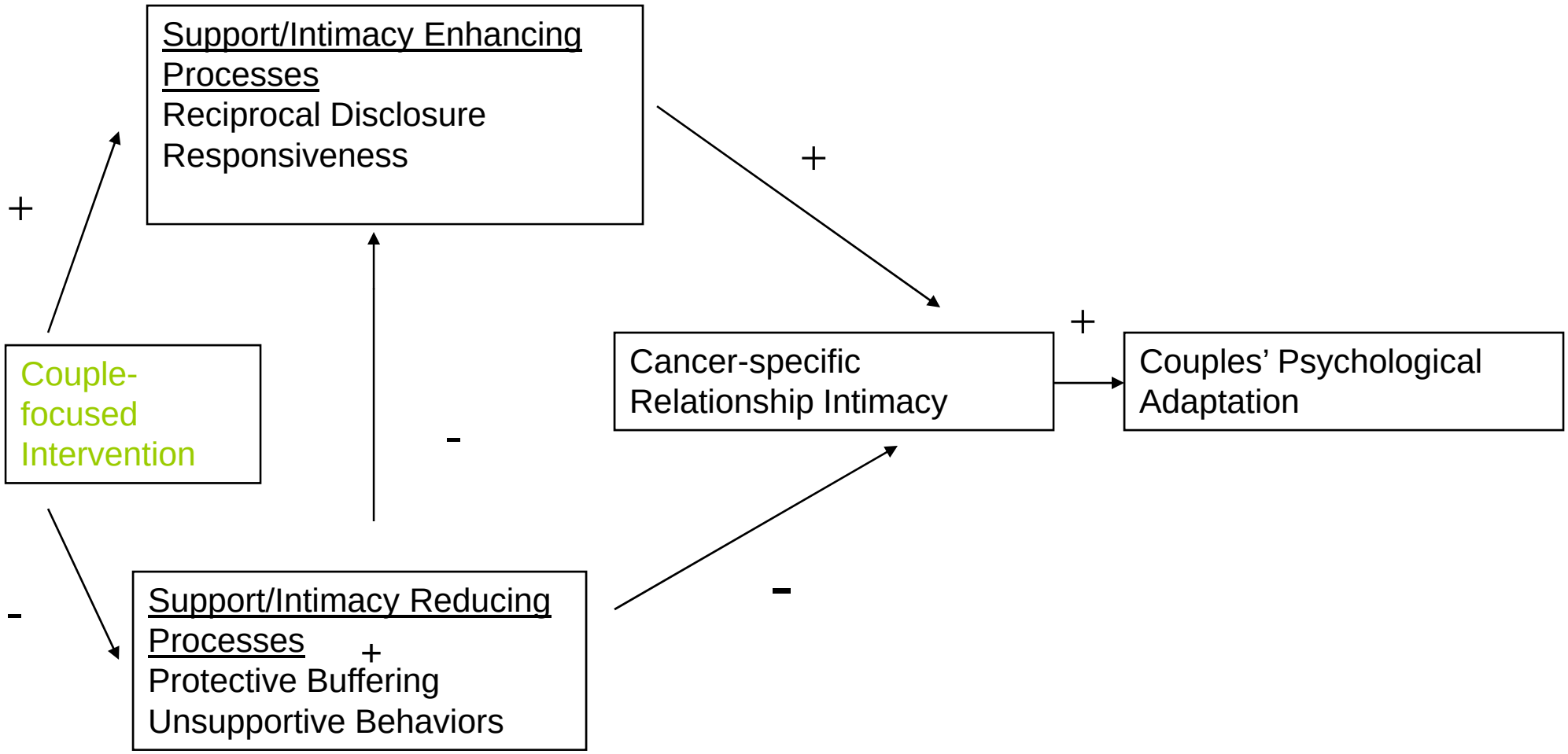


Source: "Psychosocial Burden of Cancer Caregiving to Aged Parents"

Relationship Support Processes Among Couples Dealing with Breast Cancer

Sharon Manne

Proposed Model of Intervention Effects on Support and Intimacy Processes and Couple Adaptation



Are Family Interventions more Efficacious than Single Targets?

Outcome Assessed	Target of Intervention		
	Patient	Family Member	Patient + Family Member
Patient	Common	Somewhat Rare	Common
Family Member	Rare	Common	Rare
Patient + Family Member	Rare	Somewhat Rare	Rare?

Cross-Literature Review and Meta-Analysis

(Martire, Lustig, Schulz, Miller, & Helgeson, 2004, Health Psychology)

- **RCTs published through October of 2002, focused on adults and evaluating a family psychosocial intervention for a physician-diagnosed medical illness (in comparison to usual care).**
  - **Excluded studies focused on children, at-risk populations, and psychiatric populations**
- **Number of family members enrolled had to be at least 90% of the number of enrolled patients**
- **Data reported for 1 or more of 9 outcomes that are not illness-specific:**
  - **<u>Patients:</u> depression, anxiety, relationship satisfaction, disability, or mortality, *AND/OR***
  - **<u>Family members:</u> depression, anxiety, relationship satisfaction, or caregiving burden**

Studies Included in Meta-Analysis (*K* = 70), by Moderator

Illness population	
Dementia due to ADRD	**31 (44.3%)**
Heart Disease	**15 (21.4%)**
Frail older adults	**11 (15.7%)**
Cancer	**5 (7.1%)**
Chronic pain	**3 (4.3%)**
Stroke	**2 (2.9%)**
Rheumatoid arthritis	**2 (2.9%)**
Traumatic brain injury	**1 (1.4%)**
Spouse only/Mixed family members	**24% / 76%**
Target(s) of intervention	
Family member only/PT and family member	**46% / 54%**
Focus on relationship issues (Yes/No)	**54% / 46%**

Meta-Analysis of Patient Outcomes w/ Moderator Findings

	K	*N*	Aggregate *d*	*p*
Depressive symptoms	27	4364	.14	.11
Spouses only	13	3176	.33	.04
Mixed family members	14	1188	.02	.75
Anxiety	13	3285	.09	.29
Relationship satisfaction	5	534	.37	.10
Physical disability	21	1707	.04	.39
Mortality	9	4030	.08	.06
Dementia	4	977	.02	.74
Non-dementia	5	3053	.13	.05
Spouses only	3	2480	.01	.83
Mixed family members	6	1550	.14	.02
Relationship focused	2	2364	.00	.99
Non-relationship focused	7	1666	.13	.01

Meta-Analysis of Family Member Outcomes w/ Moderator Findings

	K	*N*	Aggregate *d*	*p*
Depressive symptoms	41	7850	.10	.02
Dementia	23	6417	.06	.25
Non-dementia	18	1433	.17	.03
Spouses only	12	1025	.08	.34
Mixed family members	29	6825	.10	.04
Family member as target	24	5855	.15	.01
Patient and family member as targets	17	1995	.04	.53
Relationship focused	22	1754	.16	.01
Non-relationship focused	19	6096	.04	.53
Anxiety	14	898	.14	.07
Relationship focused	9	541	.21	.05
Non-relationship focused	5	357	.02	.84

Meta-Analysis of Family Member Outcomes w/ Moderator Findings (con't)

	K	*N*	Aggregate *d*	*p*
Relationship satisfaction	6	461	-.08	.38
Burden	40	7951	.10	.00
Dementia	25	6604	.10	.00
Non-dementia	15	1347	.20	.00
Spouses only	7	651	.26	.00
Mixed family members	33	7300	.09	.00
Family member as target	24	5885	.17	.00
Patient and family member as targets	16	2066	.11	.01
Relationship focused	18	1826	.22	.00
Non-relationship focused	22	6125	.07	.01

Summary

- For patients, family interventions had positive effects on depression when the spouse was included.
- Unexpectedly, family interventions had positive effects on patient mortality if they included mixed groups of family members and did not address relationship issues. The focus on high-risk cardiac populations and behavioral approaches in these studies may explain this effect.
- For family members, family interventions had positive effects on caregiving burden, depression, and anxiety. Effects were strongest for nondementing illnesses and for interventions that targeted only the family member and that addressed relationship issues.
- Aggregate effects were small in magnitude but consistent with those found in other psychosocial interventions for chronic illness.

Why is it important to study family caregivers of survivors?

- Show that caregiving is an important public health issue (e.g., puts caregivers at risk for adverse health outcomes)
- Facilitate patient outcomes (enhanced patient compliance)
- Facilitate coping with recurrence